

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1070 33983
State File No. 19

SEP 23 1952

BIRTH NO. _____		REG. DIST. NO. <u>353</u>		PRIMARY REG. DIST. NO. <u>6196</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If in institution: residence before admission). a. STATE <u>Texas</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Licking</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Texas</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS <u>North of Licking Rd</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Malissia E.</u>		b. (Middle) _____		c. (Last) <u>Davis</u>	
4. DATE OF DEATH		(Month) <u>9</u>		(Day) <u>13</u>		(Year) <u>52</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar 27, 1886</u>	9. AGE (in years and birthday) <u>66</u>	10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 1 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Chelso Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Abelene Clark</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Florence E. Murphy</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gangrened foot</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 19a. DATE OF OPERATION _____				INTERVAL BETWEEN ONSET AND DEATH _____	
19b. MAJOR FINDINGS OF OPERATION <u>no operation</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>					
21a. ACCIDENT SUICIDE HOMICIDE <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____			
21d. TIME OF INJURY (Month) _____ (Day) _____ (Year) _____ (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>9-13-52</u> to <u>9-13-52</u> that I last saw the deceased alive on <u>9-12-52</u> and that death occurred at <u>2:50 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Lisbeth Randall</u>		(Degree or title) _____		23b. ADDRESS <u>Licking Mo</u>		23c. DATE SIGNED <u>9-13-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>9-14-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shaper Camp</u>		24d. LOCATION (City, town, or county) <u>Texas Co</u> (State) <u>Mo</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 15, 1952</u>		REGISTRAR'S SIGNATURE <u>Elnora Hesser</u>		324		25. FUNERAL DIRECTOR'S SIGNATURE <u>Smith Ferguson</u>	
						ADDRESS <u>Licking Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by_____

_____ Student Embalmer No. _____
working under my personal supervision.

Student
Student Embalmer

Signed _____

Licensed Embalmer No. 3945

P. O. Address Licking Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.